## FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED

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# FORM D

3235-0076 OMB Number: Expires: Estimated average burden hours per response.....16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	200
Paradise Productions, LLC	SEC
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	Section Section
A. BASIC IDENTIFICATION DATA	MAR 17 ZWW
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	Washington, DC
Paradise Productions, LLC	< 701
Address of Executive Offices (Number and Street, City, State, Zip Code) 209 E. Alameda Blvd., #203, Burbank, CA 91502	Telephone Number (Including Area Code) 818-255-9900
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	<u> </u>
To provide investors the opportunity to particiate in the proceeds from the production, market the feature film "Eye of the Dolphin" aka "Spirit of Paradise", as well as related products included in the proceeds from the product of	eting, promotion and limited theatrical release of luding a soundtrack album.
	please specify):
Month Year  Actual or Estimated Date of Incorporation or Organization: [0] 5	mated :: 08042331

### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### · ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a toss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	•	A. BASIC IDE	ENTIFICATION DATA					
2. Enter the information rea	quested for the fol	lowing:						
		suer has been organized w						
<ul> <li>Each heneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.</li> </ul>								
<ul> <li>Each executive offi</li> </ul>	<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>							
Each general and m	anaging partner o	f partnership issuers.						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
	Fig. 17 - F. J. 15			<del></del>				
Full Name (Last name first, it Sellers, Michael D.	individual)			<u> </u>				
Business or Residence Address 209 E. Alameda Blvd., #2		Street, City, State, Zip Co A 91502	ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Roling, Mark	Ot	Course Cim. Com. 71- C-	nde)	. <u></u>				
Business or Residence Address 209 E. Alameda Blvd., #20	,	Street, City, State, Zip Co	oue)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if Vlastas, Pamela	(individual)							
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)					
209 E. Alameda Blvd., #20	03, Burbank, CA	91502						
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, it	individual)							
Couttie, Robert	01 1 1	State City State 7in Co	-de\	<del></del>				
Business or Residence Addres 209 E. Alameda Blvd., #2			sue)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if	(individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, it	individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if	individual)			<del> </del>				
Business or Residence Address	ss (Number and	Street, City, State, Zip Co	ode)					
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)								

	B. INFORMATION ABOUT OFFERING												
							Yes	No					
1.							_	ليا					
	Answer also in Appendix, Column 2, if filing under ULOE.							<u>s</u> 20,	00.00				
2.	2. What is the minimum investment that will be accepted from any individual?							Yes	No				
3.	3. Does the offering permit joint ownership of a single unit?							K					
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any												
	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.  If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state												
	or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons or such												
C1	a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)												
N.		ast name	mac, o ma	v. adai.)	•								
Bus	siness or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Codc)						
Nai	me of Ass	sociated Br	oker or Dea	aler	·	··	·-						
Sta						to Solicit I				,			
	(Check	"All States	" or check	individual	States)					••••••	*************	∐ Ai	l States
	AL	[AK]	` AZ	AR	CA	CO	CT	DE	DC	FL.	GA	HI	(ID)
	TL	[IN]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM COM	NY VT	NC	ND WA	OH WV	OK WI	OR WY	PA PR
	RI	SC	SD	TN	TX.	(UT)	[VT]	VA)	[WA]	[ <u>w v</u> ]	ربيب	<u> </u>	
Ful	II Name (	Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of Associated Broker or Dealer													
Nas	me of Ass	sociated Br	oker or De	aler									
					or Intends	to Solicit I	Purchasers		<u> </u>			<del></del> -	
	tes in Wh	iich Person	Listed Has	Solicited		to Solicit I							l States
	ites in Wh	iich Person	Listed Has	Solicited	States)								I States
	tes in Wh (Check	ich Person "All States	Listed Has	Solicited individual	States)			(DE)	DC MA	FL MI	GA MN	HI MS	
	ites in Wh	iich Person	Listed Has	Solicited	States)	CO	CT	DE	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
	(Check	ich Person "All States  AK  IN	Listed Has " or check  AZ  IA	Solicited individual AR KS	States)  CA  KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS OR WY	ID MO
Sta	(Check AL IL MT)	AK IN NE	Listed Has " or check  AZ  IA	Solicited individual  AR  KS  NH  TN	CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR WY	ID MO PA PR
Sta	(Check AL IL MT) R1	AK IN NE SC	Listed Has " or check  AZ  IA  NV  SD  first, if indi	S Solicited individual  AR  KS  NH  TN  ividual)	States)  CA  KY  NJ  TX	CO LA NM	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR WY	ID MO PA PR
Sta Ful Bu	(Check AL IL MT RI II Name (	AK IN NE SC	Listed Has " or check  AZ  IA  NV  SD  first, if indi	S Solicited individual  AR  KS  NH  TN  ividual)	States)  CA  KY  NJ  TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR WY	ID MO PA PR
Ful Bu	(Check AL IL MT RI II Name ( siness or	"All States  "All States  IN  NE  SC  Last name  Residence	Listed Has " or check  AZ  IA  NV  SD  first, if indi  Address (I	Solicited individual  AR  KS  NH  TN  ividual)	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR WY	ID MO PA PR
Ful Bu	(Check AL IL MT) RI II Name ( siness or	AK IN NE SC Last name  Residence sociated Branch Person	Listed Has " or check  AZ  IA  NV  SD  first, if indi  Address (I	Solicited individual  AR  KS  NH  TN  ividual)  Number and aler  Solicited	CA KY NJ TX  d Street. C	CO LA NM UT	CT ME NY VT  Zip Code)	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful Bu	(Check AL IL MT RI II Name ( siness or me of As: ates in Wh	AK IN NE SC Last name  Residence sociated Branch Person  "All States	Listed Has " or check  AZ  IA  NV  SD  first, if indi  Address (I	AR  KS NH TN  ividual)  Number and aler  s Solicited individual	CA KY NJ TX  d Street. C	CO LA NM UT  ity, State, 2	CT ME NY VT  Zip Code)	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful Bu	(Check AL IL MT) RI II Name ( siness or	AK IN NE SC Last name  Residence sociated Branch Person	Listed Has " or check  AZ  IA  NV  SD  first, if indi  Address (I	Solicited individual  AR  KS  NH  TN  ividual)  Number and aler  Solicited	CA KY NJ TX  d Street, C  or Intends States)	CO LA NM UT  ity, State, 5	CT ME NY VT  Zip Code)	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

\$

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, of this box and indicate in the columns below the amounts of the securities offered for exchange already exchanged.	:heck	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s 0.00	s 0.00
	Equity	\$ 0.00	\$ 0.00
	Common Preferred		0.00
	Convertible Securities (including warrants)	\$_0.00	\$
	Partnership Interests	2,300,000.00	\$ 0.00
	Other (Specify)	\$ 0.00 0.200.000.00	· — — — —
	Total	\$ <u></u>	s 3,992,145.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, ince the number of persons who have purchased securities and the aggregate dollar amount of purchases on the total lines. Enter "0" if answer is "none" or "zero."	icate their Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	0	\$ 0.00
	Non-accredited Investors	<u>0</u>	\$_0.00
	Total (for filings under Rule 504 only)	<u> </u>	\$ 0.00
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all secur sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior in first sale of securities in this offering. Classify securities by type listed in Part C — Question	to the	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	<u> </u>	\$ 0.00
	Regulation A	<u>0</u>	\$ 0.00
	Rule 504		\$_0.00
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the institution may be given as subject to future contingencies. If the amount of an expendit not known, furnish an estimate and check the box to the left of the estimate.	of the surer.	,
	Transfer Agent's Fees		s_0.00
	Printing and Engraving Costs		\$ 0.00
	Legal Fees		S 0.00
	Accounting Fees		\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)		\$ 0.00
	Total		\$ 0.00
	[0[3]	ш	

	C. OFFERING PRICE, NUMP	BER OF INVESTORS, EXPENSES AND USE OF I	PROCEEDS	
	and total expenses furnished in response to Part C — oproceeds to the issuer."	***************************************		\$
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		<b>\$</b> 0.00	\$ <u></u>
	Purchase of real estate			\$ 0.00
	Purchase, rental or leasing and installation of mac		\$0.00	
	Construction or leasing of plant buildings and faci	lities	□ \$ <u>0.00</u>	\$ 0.00
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	<b>_</b> \$_0.00	□\$ <u>0.00</u>	
	Repayment of indebtedness	\$ 0.00	\$ 0.00	
	Working capital	□\$ <u>0.00</u>	\$ 0.00	
	Other (specify): Content Production (Film, Soun	\$ 0.00	\$ 2,300,000.00	
	BIO Administrative		\$ <u></u> \$	<b>\$0.00</b>
	Column Totals		<b>2,300,000.0</b>	
	Total Payments Listed (column totals added)	0.000.000.00		
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Commi	ssion, upon writte	ule 505, the following en request of its staff,
İss	uer (Print or Type)	Signatura	Date	1
Pa	aradise Productions, LLC	( /W/X	(8	13/07
No	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Mic	hael D. Sellers	Managing Member		

- ATTENTION -